٨	AISS	OL	JRI	DI	VIS	ION OF HEA	LTH — STAND	ARD CE	RTIF	ICATE O	F DEATH		≈_ ■ 6	3-042	536 %		
DO NOT WRITE ON THIS STUB	- M I M	AME	NDED	PU 8	Re	gistration District No	3/ Prin	nary Registration	n Distric	No. 50	ORegistrar's	NS 5/2	50	STATE FILE N	UMBER		
ON THIS STUB					1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before												
VS 300	ما ا	1 1	ı	1 1	١.	- COUNTY	Tauria				STATE .	. 1	COUNTY		admission)		
Rev. 4/59	AMENDED	1 1			_		, Louis rporate limits, give TOWN	SHIP only)	Lengt	h of stay in 1b	c. CITY	lo°	<u> </u>	t. Louis			
-						OR TOWN		····· ·····	_ cungr		OR	Tue of a second at the	0:1		Inside Limits		
14000	₽						NOT in hospital, give loca	tion	٠ ـــ	Inside Limits	d. STREET	<u>Iniversit</u>	y Clty (If cutside, gi	us location)	Yes 🖟 No 🗅		
	빌						NOT in hospital, give loca			Yes X No 🗆	ADDRESS	1009 E.		va tocation)	Reside on Farm		
2400 <u>L</u>	7 A	11	_		_	10	nn Nursing Ho			Tel pa 140 Li					Yes No Ct		
3 .					3	(Type or print)	First		Middle	T170 101	Lan	4. DATE OF DEATH	Mont	,	Year		
4 0		11			_		THOMAS	+	TERL		ATLOCK	 -		<u>ober 13.</u>	1963 R IF UNDER 24 HR		
/		11	İ			SEX	6. COLOR OR RACE	7. Married Widowed	_	ver Married 🗃	8. DATE OF BIR		Г	Months Days	Hours Min.		
5 0						lale	White (Give kind of work done	10h KIND OF	RUSINE	SS OR INDUSTRY	2/15/18/	[2] 9 E (City and stat	-	12 CITIZEN OF	WHAT COUNTRY		
6	જ	11		1		during most of working	g life, even if retired)				1		• •				
	100		-	1 1		. FATHER'S NAME	-			cery Stor		James, M		JSBAND OR WIF	JSA		
7	딩	11		11	_	D. W. Matloc	·k			beth Harr		ľ	None				
8 2	S		1	1	15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?		11120	io.	17. INFORMANT	,		ddress .			
942 m	₹				(Y	is, no, or unknown) (If	yes, give war or dates of	•			Mrs. C.	R. Blake	1010	E. Park	(30)		
4700	ARI			ż	\neg	18. CAUSE OF DEATH	(Enter only one cause per DEATH WAS CAUSED BY	line for (a), (b)	, and (c)			1			NTERVAL BETWEEN		
10	8 P			ΑĒ	Î		IMMEDIATE CAUSE (4	-/1	-0a	Slea	l'inte	aret	-	0	nknowe		
11				OC OC				01-6	2 .	0.0	? -1-	7/	DO		1/		
1286-0	HIS RECINSTEAD			ă		Condition	ns, if any,) DUE TO (I	b). <u>Cert</u>	n	ssece	rue	Mai	of des	ease c	in brown		
	SHT INS				1	above o	ause (a), } he under-										
13	z	† †		1		lying ca	ause last. J DUE TO (
	0		İ		Š	PART II.	OTHER SIGNIFICANT Of distance condition given	ONDITIONS CO	ONTRIBU	TING TO DEATI	H but not related	I to the termin	PART I)		was female was ancy in last 90 days.		
	AMENDMENTS				CERTIFICATION	U	home	brai	<u>~</u>	Syna	diom	_	1	☐ Yes ☐	No Unknown		
	WE.				E	19. WAS AUTOPSY PERFORMED? YES NO Z	20a. ACCIDENT SUICID	E HOMICIDE	20	b. DESCRIBE HOV	W INJURY OCCUR	RED. (Enter natu	re of injury in P	ART I or PART I	l of item 18.)		
Z EN	N.	11					;										
	¥				MEDICAL	20c. TIME OF Hour INJURY a.m. p.m.	Month, Day, Year										
				1 1	¥	20d. INJURY OCCURRE	D ZÕe PLACE	OF INJURY (a.e	o., in or	about home, 2	of. CITY, TOWN,	OR LOCATION		COUNTY	STATE		
					-	WHILE AT WORK	farm,	factory, street, o	ffice bl	ig., etc.)				n			
BLACK OR RITER F	READ		٠ .		[.]		7/10-10-	5 191	2-	190x1	13 1961	_and last saw h	alive on	0 ct 8	11963		
BL Fi	RE				I	21. I attended the dec	reased from 12	1/2:	30 1	2m on the	e date stated abov	-		ledge, from the	Causes stated.		
USE			1	щ	1	22a, SIGNATURE	(// IDa	gree or title)		<u></u>	22b. ADDRESS	(1)	+	1/1	22c. PATE SIGNED		
USE BLACK OR TYPEWRITER	SHOULD			Ö		A CA CONTINUE	a Titter		eı	MD	8231	Clay	Non Ke	1/12	10/14/63		
	\	-		AVIT	23	BURIAL, CREMATION, REMOVAL (Specify)		_	E OF CE	METERY OR CRE	MATORY	23d. LOCATI	ON (City, town	, or dounty)	(State)		
	Š			AFFIDA	1	REMOVAL (Specify) Surial	10/15/1963	Lake	Cha	rles Ceme		St. L	<u>ouis Co</u> u	nty, Mids	Bouri /		
	EM			Ā		FUNERAL DIRECTOR		DRESS		25. DAT	E RECD. BY LOCA	L REG. 26.	EGISTRAR'S SIG	SNATURE	<u> </u>		
	=	=			Alc	exander & Son	s 6175 Del	mar Blyd	•	10	-/0 6.	<u>ر</u> د	Joseph !	mufley	<u>~~8</u>		
	•		•	•				(Lie	ensed E	mbalmer's Statem	nent on Reverse Si	de)	7	~ //	-		

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lewis Littmann

8231 Clayton Rd.

Pa. 7-0202

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is rec	orded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Vernon & Vedder
StudentSignature of Student Embalmer	Signed Yunu C. Veader
	Licensed Embalmer, No. 5031 P. O. Address At Fours Ma
	P. O. Address St Fours, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.